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# **Religious Coping for Covid-19 Patients: Islamic Approaches**

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#### Abstract

This qualitative study aims to explore the religious coping of Covid-19 patients during the home care and self-isolation process. A correlative narrative strategy with a sample of 7 Covid-19 patients are used to determining the religious coping of Muslims during the pandemic in the form of praying, reading the Our'an, dhikr, charity, and having thoughts of Allah. The the result showed that patients need the help of close relatives to develop religious coping and it is essential to provide spiritual healing services in addition to pharmaceutical therapy to Covid-19 patients. Furthermore, Islamic counseling can be used as an alternative to spiritual therapy, while religious coping creates positive psychological conditions, supporting healing and increasing immunity. Further study needs to be carried out to determine the importance of implementing a holistic care model in health services Covid-19.

Keywords: Religious Coping, Covid-19 Patients, Islamic Counseling

### Introduction

The Covid-19 pandemic has led to significant loss of human life globally, with unprecedented challenges to various sectors of the world's economy.<sup>1</sup> The pandemic caused devastating effects on human life's religion, society, and economy. Presently, there is a significant increase in the death rate because the new variant of the SARS virus group does not yet have a cure.<sup>2</sup> According to Lee (2020)<sup>3</sup>, the inability to provide a cure by the medical sector globally has further strengthened the fear and anxiety experienced by people on the transmission and possible death due to the virus. The research carried out by Rababa et al.  $(2020)^4$  showed that adults had high levels of death and anxiety during the pandemic.

Other mental health problems, such as depression and stress, were also found in health workers.<sup>5</sup> These numerous psychological problems, which were experienced by various groups during the pandemic promoted a study on religious coping Covid-19.<sup>6</sup> Bentzen (2020)<sup>7</sup> stated that more than 95 countries in the world are becoming increasingly religious due to the pandemic with an increase in prayer rituals. According to Meza  $(2020)^8$ , the Colombian Catholic community proved to be more religious during the pandemic, with a rise in religious practices.

Many studies have been carried out in overcoming the problems experienced by Covid-19 patients with Western counseling and psychotherapy approaches that tend to be secular; including evidence-based

<sup>2</sup> Simon Dein, Kate Loewenthal, Christopher Alan Lewis & Kenneth I. Pargament (2020), "Covid-19, Mental Health and Religion: An Agenda for Future Research," Mental Health, Religion & Culture, Vol. 23, No. 1, p. 5.

<sup>4</sup> Rababa, Hayajneh & Bani-Iss (2020), "Association of Death Anxiety with Spiritual Being," pp. 50-63.

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<sup>&</sup>lt;sup>1</sup> Mohammad Rababa, Audai A. Hayajneh & Wegdan Bani-Iss (2020), "Association of Death Anxiety with Spiritual Well Being and Religious Coping in Older Adults During the COVID 19 Pandemic," *Journal of Religion and Health*, Vol. 60, No. 1, pp. 50-63.

<sup>&</sup>lt;sup>3</sup> Sherman A Lee (2020), "Coronavirus Anxiety Scale: A Brief Mental Health Screener for Covid-19 Related Anxiety," *Death Studies*, Vol. 44, No. 7, p. 395.

<sup>&</sup>lt;sup>5</sup> Soon Ken Chow et al. (2021), "Religious Coping, Depression and Anxiety among Healthcare Workers during the Covid-19 Pandemic: A Malaysian Perspective," Healthcare, Vol. 9, No. 1, p. 79.

<sup>&</sup>lt;sup>6</sup> Simon Dein et al. (2020), "COVID-19, Mental Health and Religion: An Agenda for Future Research," Mental Health, Religion & Culture, Vol. 23, No. 1, pp. 1-9.

<sup>&</sup>lt;sup>7</sup> Jeanet Bentzen (2020), "In Crisis, We Pray: Religiosity and the Covid-19 Pandemic," Department of Economics, University of Copenhagen, https://www.economics.ku.dk/research/corona/Bentzen\_religiosity\_covid.pdf.

<sup>&</sup>lt;sup>8</sup> Diego Meza (2020), "Pandemic Are We More Religious? Traditional Practices of Catholics and the Covid-19 in Southwestern Colombia," International Journal of Latin American Religions, Vol. 4, pp. 1-17.

treatment approaches<sup>9</sup>, online therapy without religious/spiritual approaches<sup>10</sup>, humanistic, attachmentfocused modalities, and existential approaches to counseling,<sup>11</sup> ecological approaches that look at individual mental health problems involving the wider environment so that counselors can understand clients according to their contextual life system. The principal looks at individual mental health problems involving a wider environment that allows counselors to understand clients according to their contextual life system. This framework offers a culturally sensitive perspective to help counselors draw on the best and most appropriate information available for intervention purposes. It offers a culturally sensitive perspective to help counselors obtain accurate information as a treatment goal.<sup>12</sup>

This study is important to do to explore the religious coping of Covid-19 patients during the home care and self-isolation process. The study also wants to provide that patients need the help of close relatives to develop religious coping. It is essential to provide spiritual healing services and pharmaceutical therapy to Covid-19 patients. Furthermore, Islamic counseling can be used as an alternative to spiritual therapy, while religious coping creates positive psychological conditions, supporting healing and increasing immunity.

Religion is a source of coping used in dealing with various problems, such as those associated with health. This is because it has the ability to determine a patient's health, illness, diagnosis, recovery, and loss. Religion also has the ability to determine a patient's strategy in dealing with the disease, resilience, sources of support, make decisions regarding medication, self-care, community expectations, provide daily health practices, lifestyle choices, and overall treatment.<sup>13</sup> Various studies have shown that religious coping is the choice of patients with chronic diseases such as those with heart failure,<sup>14</sup> cancer,<sup>15</sup> and HIV/AIDS.<sup>16</sup>

Religious coping is the main focus of developing various psychological problems such as fear of death, stress, depression, and other mental health problems during the Covid 19 pandemic.<sup>17</sup> Its use is increasing among medical personnel, society Covid-19, and patients with complex problems. Therefore, this study focuses on examining the religious coping developed by Covid-19 patients while administering treatment in a hospital or at home. The coronavirus is a terminal disease, such as cancer and HIV/AIDS because in most cases, it leads to death (Indonesian Ministry of Health, 2007). Due to the characteristics of this disease, the possibility of using religious coping among Covid-19 patients is very high. Therefore, this study examines the religious coping developed by Covid-19 patients during treatment in a hospital or home.

Furthermore, it analyzes the Islamic counseling and psychotherapy study because it is an effective way to help individuals develop their coping skills. Religion affects psychological and physiological health through 4 pathways: healthy behavior (diet, avoiding alcohol, smoking, etc.), social support (contact with fellow believers, having congregational friends), psychological state (religious people can have mental health experiences, more positive psychological condition, optimistic and confident, the physical condition will be better, less stress) and psi 'influences (related to supernatural laws). Therefore,

<sup>&</sup>lt;sup>9</sup> Chance A. Bell et al. (2021), "Research in Counselling and Psychotherapy Post-COVID-19," *Counselling and Psychotherapy Research*, Vol. 21, No. 1, pp. 3-7.

<sup>&</sup>lt;sup>10</sup> Vera Békés et al. (2021), "Online Therapy During COVID-19: Concerns About Connectedness Predict Therapists' Negative View of Online Therapy and Its Perceived Efficacy Over Time". *Frontiers in Psychology*. p. 12.

<sup>&</sup>lt;sup>11</sup> Panos Vostanis & Chance A. Bell (2020), "Counselling and Psychotherapy Post-COVID-19," *Counselling and Psychotherapy Research*, Vol. 20, No. 3, pp. 389-393.

<sup>&</sup>lt;sup>12</sup> Nanang E. Gunawan & Tamarine Foreman (2021), "Ecological Counseling as an Integrative Cognitive Complexity Intervention Framework for Students with COVID-19 Pandemic-Caused Mental Health Challenges," *Journal of Professionals in Guidance and Counselling*, Vol. 2, No. 2, p. 38.

<sup>&</sup>lt;sup>13</sup> Abby Haynes et al. (2007), Spirituality and Religion in Health Care Practice: A Person-Centred Resource for Staff at the Prince of Wales Hospital, Sydney: SESIAHS, p. 1.

<sup>&</sup>lt;sup>14</sup> Crystal L Park, Jennifer H Wortmann & Donald Edmondson (2011), "Religious Struggle as a Predictor of Subsequent Mental and Physical Well-Being in Advanced Heart Failure Patients," *Journal of Behavioral Medicine*, Vol. 34, No. 6, pp. 426-36.

<sup>&</sup>lt;sup>15</sup> Nadzirah Ahmad Basri et al. (2015), "Islamic Religiosity, Depression and Anxiety among Muslim Cancer Patients," *Journal of Psychology* & *the Behavioral Sciences*, Vol. 1, No. 1, 1-12; Elizabeth Johnston Taylor (2020), "Initial Spiritual Screening and Assessment: Five Things to Remember," *The Korean Journal of Hospice and Palliative Care*, Vol. 23, No. 1, pp. 1-4.

 <sup>&</sup>lt;sup>16</sup> Heidemarie Kremer et al. (2015), "Spiritual Coping Predicts CD4-Cell Preservation and Undetectable Viral Load over Four Years," *AIDS Care*, Vol. 27, No. 1, pp. 71-79; Gail Ironson, Heidemarie Kremer & Aurelie Lucette (2016), "Relationship Between Spiritual Coping and Survival in Patients with HIV," *Journal of General Internal Medicine*, Vol. 31, pp.1068-1076.
 <sup>17</sup> Sherman A Lee (2020), "Coronavirus Anxiety Scale: A Brief Mental Health Screener for Covid-19 Related Anxiety," *Death Studies*, Vol.

<sup>&</sup>lt;sup>17</sup> Sherman A Lee (2020), "Coronavirus Anxiety Scale: A Brief Mental Health Screener for Covid-19 Related Anxiety," *Death Studies*, Vol. 44, No. 7, p. 395; Steven Pirutinsky, Aaron D Cherniak & David H Rosmarin (2020) "COVID 19, Mental Health, and Religious Coping Among American Orthodox Jews," *Journal of Religion and Health*, Vol. 59, No. 5, pp. 2288-2301.

spirituality/religion has a significant relationship with health.<sup>18</sup> Cornish and Wade (2010)<sup>19</sup> reported the need to involve religion as an important part of a patient's counseling life. Religious involvement is needed in individual and group counseling. Furthermore, Scott et al. (2016) stated that counselors need to have counseling knowledge and training to apply religious values.<sup>20</sup> Charzyńska and Celińska (2020) added that the therapeutic process can be done in unconditional inclusion dan inclusion under certain circumstances or conditions.<sup>21</sup>

Islamic counseling associated with this form of religious psychotherapy revives the use of spiritual power to deal with health-related problems. During the counseling process, clients are reminded to focus on praying five times a day, repent and read the Qur'an. This is because that religion, spirituality, prayer, and worship were associated with reduced anxiety (stress), therefore, that religious-based treatment intervention was helpful in the treatment of anxiety.<sup>22</sup>

# Methodology

This is a qualitative study with a descriptive correlative strategy used to analyze religious coping experiences of Covid-19 patients while obtaining treatment at the Adhiyatma and Wonsonegoro hospitals and at home. The number of COVID-19 patients that were in the hospital at the time, 324 patients, 58 patients have been recovered, and 27 patients people domicile in Semarang. Among the 27 patients who are willing to be interviewed directly with a home visit only 7 patients remember the pandemic still very high, so there are concerns from the patient's family.

Correlative strategies are used to describe the relevance of the religious coping of Covid-19 patients with Islamic counseling. Research data were taken through interviews involving 7 informants who were taken with incidental sampling techniques and agreed to become informants through informed consent. The informant is a COVID-19 patient who has been declared cured and lives in Semarang. The data is also complemented by interviews with the families of COVID-19 patients, doctors, and nurses. The validity of the data applied the triangulation technique and was analyzed following the interaction analysis model.

## **Results and Discussion**

### **Religious Coping for Covid-19 Patients**

Generally, Covid-19 patients are faced with physical problems such as shortness of breath, mild cough, loss of feeling, and pain. Patients also experience social-psychological burdens, such as feeling abandoned, discomfort in worship, fear of death, loss of social contact with family, and discomfort when obtaining a series of medical procedures. According to the Head of the Covid-19 handling management at Dr. Kariadi Hospital, patients also need psychosocial support, religious guidance, and pharmaceutical therapy (Interview, 2020). This is explained in detail in the following statement:

The patient underwent a long examination process, with the PCR test carried out twice in an isolation room before being declared positive. The first examination was negative, and the second was positive, however, the prolonged examination in the isolation room made the patient bored and uncomfortable. Furthermore, the prohibition of visiting family during the isolation process discourages patients. Therefore, they need to be motivated and reminded to pray consistently and worship as much as possible.

The above statement was also confirmed by one of the nurses in the Covid isolation room at the Adiyathma Hospital in the following excerpt:

<sup>&</sup>lt;sup>18</sup> Akpenpuun Joyce Rumun (2014), "Influence of Religious Beliefs on Healthcare Practice," *International Journal of Education and Research*, Vol. 2, No. 4, pp. 37-48.

<sup>&</sup>lt;sup>19</sup> Marilyn A Cornish & Nathaniel G Wade (2010), "Spirituality and Religion in Group Counseling: A Literature Review with Practice Guidelines," *Professional Psychology Research and Practice*, Vol. 41, No. 5, p. 398.

 <sup>&</sup>lt;sup>20</sup> Stephanie Scott et al. (2016), "Faith as a Cultural Variable: Implications for Counselor Training," *Counseling and Values*, Vol. 61, No. 2, pp. 192-200.
 <sup>21</sup> Edyta Charzyńska & Irene Heszen-Celińska (2020), "Spirituality and Mental Health Care in a Religiously Homogeneous Country:

<sup>&</sup>lt;sup>21</sup> Edyta Charzyńska & Irene Heszen-Celińska (2020), "Spirituality and Mental Health Care in a Religiously Homogeneous Country: Definitions, Opinions, and Practices among Polish Mental Health Professionals," *Journal of Religion and Health*, Vol. 59, No. 1, pp. 113-134.

<sup>&</sup>lt;sup>22</sup> William C. Stewart et al. (2019), "Review of the Effect of Religion on Anxiety," *International Journal of Depression and Anxiety*, Vol. 2, No. 2, pp. 1-5.

Covid-19 is similar to the common cold, however, the stubborn virus causes patients to experience shortness of breath and problems with their sense of smell. Sometimes patients come with various complaints related to fever and typhoid, and after further examination, they are symptoms of Covid-19 the virus.

Meanwhile, the nurse in the Mijen Public Health Center screening section emphasized the importance of avoiding stress because it lowers the body's immune system: "Drugs relieve physical disorders, however, eating nutritious foods and sunbathing is something that the mind is usually less aware of, and neighbors are usually afraid of the decrease in immune system resistance" (Interview, 2020).

The general condition of the Covid-19 patients above is in line with the informants' experience consisting of fever, cough, shortness of breath, pain all over the body, and loss of function of the senses of taste and smell. Meanwhile, the psychological problems that are most felt are boredom and stress during treatment, fear of death, feelings of being wasted due to their inability to meet with family members, and shock of contracting the virus. Informants have their unique ways of dealing with the virus by their religious beliefs. Religious coping refers to the use of religious beliefs or practices to cope with stressful life situations, religious beliefs and practices can help people to cope with difficult situations such as physical illnesses, stress, and depression.<sup>23</sup>

The religious coping method applied by Covid-19 patients increases the reading of the Qur'an, dhikr, and praying 5 times daily. Some informants read the Qur'an up to 10 juz during treatment to provide inner peace and practice breathing disrupted due to the virus. Some stated that they increased charity by distributing food on Fridays and helping orphans. Others had higher motivation during treatment to carry out dhikr (istighfar), listen to the Qur'an, and religious lectures via cellphone. Informants feel positive religious coping through various worship to seek spiritual support, forgiveness, re-evaluate one's religion better and optimistically.<sup>24</sup> Padela and Zaganjor (2014)<sup>25</sup> stated that religious coping methods such as reading the Qur'an and apologizing through one's istightar dhikr further foster trust in God to deal with life's stressors. All informants admitted that they initially felt distrustful and angry because they were infected with the virus. One of the informants stated that they felt neglected and angry at their families for isolating them (Interview, 2020). Some of the informants involved in this study were not found to choose negative religious coping such as blaming God and seeing disaster or calamity as punishment.26

Some informants acknowledged the emergence of positive religious coping because of family and close friends' attention and social support. Patients need motivational support such as growing enthusiasm and optimism to recover. However, one of the informants experienced disapproval from residents after obtaining treatment at the hospital and underwent recovery at the official residence of the Mayor of Semarang. According to Heider et al. (2020), the pandemic of Coronavirus disease (Covid-19) is caused by SARS-CoV-2. Covid-19 is to designate it an "Emerging Infectious Diseases (EIDs) of probable animal origin."27 Covid-19 is an infectious disease such as HIV/AIDS, with sufferers stigmatized and discriminated against by society. Therefore, spiritual support is needed in the form of a reminder to get closer to Allah through worship, even with all the limitations of physical conditions. One of the informants reported that her mother called and reminded her to always pray while taking medication every day. Another informant received guidance on reading the Qur'an from a friend that is a doctor by profession (interview, 2020). This recognition shows that the patient's coping process is obtained by learning and receiving external influences from family, close people, or doctors.<sup>28</sup>

<sup>&</sup>lt;sup>23</sup> Abdulaziz Aflakseir & Mansoureh Mahdiyar (2016), "The Role of Religious Coping Strategies in Predicting Depression among a Sample of Women with Fertility Problems in Shiraz," *Journal of Reproduction & Infertility*, Vol. 17, No. 2, pp. 117-122. <sup>24</sup> Christian S. Chan & Jean E. Rhodes (2013), "Religious Coping, Posttraumatic Stress, Psychological Distress, and Posttraumatic Growth

Among Female Survivors Four Years After Hurricane Katrina," *Journal of Traumatic Stress*, Vol. 26, No. 2, pp. 257-265. <sup>25</sup> Aasim I. Padela & Hatidza Zaganjor (2014), "Relationships between Islamic Religiosity and Attitude toward Deceased Organ Donation

among American Muslims: A Pilot Study," Transplantation, Vol. 97, No. 12, p. 1295.

<sup>&</sup>lt;sup>26</sup> Chan & Rhodes (2013), "Religious Coping," pp. 257-265; Justin Thomas & Mariapaola Barbato (2020), "Positive Religious Coping and Mental Health among Christians and Muslims in Response to the Covid-19 Pandemic," Religions, Vol. 11, No. 10, pp. 1-13.

 <sup>&</sup>lt;sup>27</sup> Najmul Haider et al. (2020), "COVID-19—Zoonosis or Emerging Infectious Disease?" *Frontiers Public Health*, Vol. 8.
 <sup>28</sup> Shadiya Mohamed Saleh Baqutayan (2011), "The Importance of Religious Orientation in Managing Stress," *International Journal of* Psychological Studies, Vol. 3, No. 1, pp. 75-82; Chintha Kumari Perera, Rakesh Pandey & Abhay Kumar Srivastava (2018), "Role of Religion and Spirituality in Stress Management Among Nurses," Psychological Studies, Vol. 63, No. 4, pp. 187-199.

# **Religious Coping for Covid-19 Patients: Islamic Counseling Study**

The description above shows that positive religion has succeeded in helping Covid patients in overcoming psychosocial problems. This means that the patient can handle psychosocial stressors due to the effect of the virus. The research findings showed that the patient's ability to deal with various problems due to exposure to the covid virus appears by itself and the presence of family and friends. Therefore, this means that a patient's religious coping can be learned and formed through the help of others. This reason reinforces the importance of providing appropriate assistance to patients exposed to the virus through religious counseling.

Preliminary studies have shown that religion plays a positive role in reducing client stress.<sup>29</sup> Spirituality also affects a patient's coping style or perceived locus of control. It also provides access to social support networks and increases social capital, which is used to promote and maintain emotional and psychological well-being. Some expressions of spirituality that affect lifestyle, encourage individuals to carry out activities considered less beneficial and capable of causing diseases, such as smoking, drinking excessive alcohol, and overeating. It is also associated with the process of improving behaviors related to their physical health, such as meditation, exercise, and helping people others.<sup>30</sup> Therefore, counseling and psychotherapy make it easier for counselors to deal with patients during therapy through problem alleviation.

Spirituality and religion are also closely related to increasing immunity. Several studies linking the benefits of religious beliefs on immunity and susceptibility to infection and viral infections in certain diseases and the positive relationship between religious involvement and indicators of immune function stated that those whose immune systems are compromised due to viral infections have better functionality when obedient to religion involved in social activities and religious rituals.<sup>31</sup> This shows an increase in immune function against viral infections with spiritual and religious interventions. Another study demonstrated the impact of religious involvement on the immune system for those at high risk of infection, reduced rates, adherence to disease treatment, and prevention programs.<sup>32</sup>

Spiritual and religious resilience is needed to avoid anxiety, worry, stress, and negative emotions. Several studies have shown a relationship between spirituality, religion, and physical and mental health.<sup>33</sup> Religious/spiritual beliefs and practices cope with illness and stressful life changes to better mental health and adapt more quickly to health problems. Besides, it has physiological consequences that impact physical health, affects disease, and respond to treatment.<sup>34</sup>

In contrast, there is growing evidence that stress and negative emotions, such as depression, and anxiety have (1) adverse effects on physiological systems, (2) increased susceptibility from various physical illnesses, which lowers a patient's immune system, and (3) shortens life prematurely. Social support has long been known to protect against disease and prolong life. By reducing stress and negative emotions, increasing social support has a positive effect on healthy behavior.<sup>35</sup>

Positive psychological conditions free from stress or other psychological disorders affect patients' health. This is explained through psychoneuroimmunology (PNI), which is a multidisciplinary study that examines the relationship between behavioral factors, the Central Nervous System (CNS), endocrine, and immune systems.<sup>36</sup> Behavioral aspects within the framework of psychoneuroimmunology are seen as moderators, meaning their influence on the immune system through the neuroendocrine system. The PNI emphasizes the multidimensional interaction mechanism

<sup>&</sup>lt;sup>29</sup> Perera, Pandey & Srivastava (2018), "Role of Religion and Spirituality in Stress Management Among Nurses," pp. 187-199.

<sup>&</sup>lt;sup>30</sup> Deborah Cornah (2006), *The Impact of Spirituality on Mental Health A Review of the Literature*, London: Mental Health Foundation, p. 32. <sup>31</sup> Harold G. Koenig (2012), "Religion, Spirituality, and Health: The Research and Clinical Implications," *International Scholarly Research Network ISRN Psychiatry*, Vol. 2012, pp. 1-33.

<sup>&</sup>lt;sup>32</sup> Roisin P. Corcoran, Joanne O'Flaherty & Alan C.K. Cheung (2020), "Conceptualizing and Measuring Social and Emotional Learning: A Systematic Review and Meta-Analysis of Moral Reasoning and Academic Ability, Religiosity, Political Orientation, Personality," *Educational Research Review*, Vol. 30.

<sup>&</sup>lt;sup>33</sup> Cornah (2006). The Impact of Spirituality on Mental Health, p. 32.

<sup>&</sup>lt;sup>34</sup> Koenig (2012), "Religion, Spirituality, and Health," pp. 1-33.

<sup>35</sup> Ibid.

<sup>&</sup>lt;sup>36</sup> Sigridur Halldorsdottir (2007), "A Psychoneoroimunological View of The Healing Potential of Professional Caring in the Face Human Suffering," *International Journal for Human Caring*, Vol. 11, No. 2, pp. 32-39; Jennifer M. Hulett & Jane. M. Armer (2016), "A Systematic Review of Spiritually Based Interventions and Psychoneuroimmunological Outcomes in Breast Cancer Survivorship," Integrative Cancer Therapies, Vol. 15, No. 4, pp. 405-423.

between *psychobehavioral* and *neuroendocrine-immune* systems. PNI develops an understanding of how the immune system is affected by interactions between both systems.<sup>37</sup> This means that a patient's immune system has the ability to increase or decrease due to certain behaviors (social or spiritual).

Religious coping is a behavior involving religious beliefs and rituals that Covid-19 patients use to deal with stress, anxiety, depression, or other mental health issues. This stress-free condition triggers the nerves to work optimally and affects the endocrine hormones to produce the body's natural immunity. Stress prevents the nerves from working optimally, therefore, it affects the hormones and immunity produced by a person. Various studies have proven the importance of the role of religion for health. For instance, Koenig (2012)<sup>38</sup> stated that religiosity is a religious coping dimension that affects a person's psychological, social, and health behavior. Furthermore, these behaviors affect physical health, immunity, endocrine, and cardiovascular function.

The following figure represents a theoretical model of causal pathways to physical health for Western monotheistic religions, namely Christianity, Islam, and Judaism. In this theoretical model, there is a relationship between religion and physical health with increased immunity, endocrine glands, and cardiovascular function. This increase makes physical health, prevents the transmission of the virus, and speeds up the recovery process during treatment.



**Figure 1**: Theoretical model of causal pathways to physical health for Western monotheistic religions (Christianity, Islam, and Judaism). (Permission to reprint obtained. Original source (Koenig et al. 2012. *Handbook of Religion and Health*, Oxford University Press, New York, NY, USA, 2nd edition).

Hamdan (2008)<sup>39</sup> offers several solutions to problems through cognitive restructuring based on the cognitive-behavioral paradigm combined with Islamic counseling. These problems are solved in the form of Understanding the Temporal Reality of This World, Focusing on the Hereafter, Recalling the Purpose and Effects of Distress and Afflictions, Trusting and Relying on Allah (Tawakkul), Understanding that After Hardship There will be Ease, Focusing on the Blessings of Allah, Remembering Allah and Reading Qur'an, and Supplication (Du'aa).

<sup>&</sup>lt;sup>37</sup> Nancy L McCain et al. (2015), "Implementing a Comprehensive Approach to the Study of Health Dynamics Using the Psychoneuroimmunology Paradigm," *Advanced in Nursing Science*, Vol. 28, No. 4, p. 325; Sadanandavalli Retnaswami Chandra, Vidhya Annapoorni & R. N. Mangual (2017), "Psychoneuroimmunological Mechanisms in Pain Management and Healing: Illustrative Case Series," *Annals of Indian Psychiatry*, Vol. 1, No. 2, pp. 120-123.

<sup>&</sup>lt;sup>38</sup> Koenig (2012), "Religion, Spirituality, and Health," pp. 1-33.

<sup>&</sup>lt;sup>39</sup> Aisha Hamdan (2008), "Cognitive Restructuring: An Islamic Perspective," Journal of Muslim Mental Health, Vol. 3, p. 101.

### Islamic Counseling in Forming Religious Coping

Religious coping is formed through Islamic counseling services preceded by the process of reconstructing the patient's cognition. Hamdan (2008)<sup>40</sup> stated that in the initial phase of the therapeutic process, attention is paid to the client's mind, focusing on integrating spiritual/religious cognition to accept situations and deal with problems effectively. Other alternatives are suggested through the cognitive restructuring process, and the client tends to accept the situation and deal with it effectively. To build the foundation, the patient needs to understand that Allah has a plan and purpose for all things and that nothing happens without reason. This is a component of belief in Allah qadar, His knowledge, strength, and will. After automatic thought modification, the focus is directed to the core belief in the next treatment phase. Some of these are covered through discussions of automatic thinking, which is more useful in a more in-depth examination process. Infected patients believe that Allah prefers to punish people for their sins and mistakes and that His mercy is limited. This led to a distance between them and Allah, mainly because of the anger that this particular belief evokes. Therefore, through cognitive restructuring, clients are guided to understand that Allah is Most Merciful and cares about His creation. The Prophet said, "When Allah created the man, He said, "Verily My Mercy overcomes My anger."<sup>41</sup>

This phase of treatment aims to help the patients love, believe, and hope in Allah, His mercy and justice. It also increases the likelihood of praying, asking, and relying on Allah for worldly and spiritual needs. Other problems addressed through cognitive behavioral therapy, include the client's tendency toward perfectionism. However, during the pandemic, clients and counselors were unable to meet face-to-face. Therefore, for this reason, an alternative method of administering medicine is needed through Tele counseling, such as the use of Islamic Counseling.

First, maintain *husnuzhan* (good prejudice) towards Allah SWT and humans because it enables people to always think positively. This enables individuals to maintain positive emotions and increase the immune system<sup>42</sup> (Pressman & Black 2012). Therefore, patients that think positively, in line with Allah's rules, achieve comfort, while those that think negatively experience anxiety disorders.<sup>43</sup>

*Husnuzhan*, as a positive prejudice towards Allah and humans, is characterized by trustworthiness, as well as feeling of God's love, and forgiveness. It is characterized by the absence or low tendency of humans to behave in *tajassus*, *tahassus*, hate, and envy (*hasad*).<sup>44</sup> Therefore, with good prejudice, the heart becomes calmer, with positive emotions, thereby making it difficult to contract the virus. Furthermore, counseling makes it easier for clients to solve problems related to the virus.

Second, multiply *istighfar* (asking forgiveness from Allah) which made people feel comfortable because there is a belief that Allah SWT forgives their sins. *Istighfar* (asking for Allah's forgiveness) and *tawbah* (repentance) is as old as human history. Anxiety is also a natural human need, therefore, they develop strategies to overcome challenges, such as anxiety, by practicing *istighfar*. On the other hand, with *istighfar*, the heart is calm. In the life journey of the Prophet Muhammad, the Prophet took up to 70 times every day to ask Allah for forgiveness.<sup>45</sup>

Third is charity, which is important as stated in numerous verses of the Qur'an and in many hadiths (sayings of the Prophet). Charity is a central principle in Islam because everything one owns belongs to God, and therefore a Muslim is obligated to share the wealth with those that are less fortunate. One thing that is interesting regarding giving is that it benefits both the giver and the recipient. This is in accordance with the word of Allah SWT: 'Who is he that will loan to Allah a beautiful loan which Allah will double unto his credit and multiply it many times?' [2:245]. The charity is in the form of money,

<sup>40</sup> Ibid., p. 103.

<sup>&</sup>lt;sup>41</sup> Zakiuddin Abdul-Azim Al-Mundhiri (2000), *The Translation of the Meanings of Sahih Muslim*, Saudi Arabia: Darussalam Publishers and Distributors, p. 1026.

 <sup>&</sup>lt;sup>42</sup> Sarah D Pressman & L.L. Black (2012), "Positive Emotions and Immunity," Oxford Handbooks Online, https://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780195394399.001.0001/oxfordhb-9780195394399-e-6?mediaType=Article.
 <sup>43</sup> Mohammad Reza Mohammadi et al. (2020), "Generalized Anxiety Disorder: Prevalence, Predictors, and Comorbidity in Children and Adolescents," Journal of Anxiety Disorders, Vol. 73, No. 2, pp. 1-8.

<sup>&</sup>lt;sup>44</sup> Ahmad Rusdi (2017), "Husn Al-Zann: The Concept of Positive Thinking in Islamic Psychology Perspective and Its Benefit on Mental Health," *Proyeksi*, Vol. 7, No. 1, p. 25.

<sup>&</sup>lt;sup>45</sup> Ahmed Canan Karakaş & Gülsah Geçimli (2017), "The Effect of Istighfar on State and Trait Anxiety," *International Journal of Psychology and Educational Studies*, Vol. 4, No. 3, pp. 73-79.

property donations of energy, and thoughts capable of helping others. Furthermore, even a smile in Islam is a charity (hadith), and it keeps Muslims away from the danger of *lidaf'il balaa* '(hadith). Islam emphasizes that giving is a charity which increases wealth and makes Allah mercy come down on His followers. The findings of this study indicate that the main motives for giving are behavior, attitude, faith (belief), and education. The result of giving is God's blessing, more rewards, and psychological comfort felt from the happiness and joy of giving and self-satisfaction.<sup>46</sup>

Several other studies have also proven that giving charity makes individuals experience a positive selfimage, and therefore increases self-esteem,<sup>47</sup> life satisfaction helps reduce stress and anxiety.<sup>48</sup> It also increases positive emotions such as happiness, satisfaction, and different feelings. Bagutayan (2018)<sup>49</sup> stated that there are many benefits associated with giving charity, such as God blessing (including avoiding harm/danger), psychological comfort, Happiness and joy, Self-satisfaction (charity can lead to other people's satisfaction, self-satisfaction, and pleasing Allah swt), and multiple rewards (QS Al Hadid 18). Moreover, the charity was given during the current Covid-19 pandemic, where many people lacked property and food.

Fourth is prayer, which is very special for the daily lives of Allah's servants, especially when calamities beset them. Allah promises in the Our'an Surah Al Bagarah verse 128 that whoever asks (prays), surely Allah will grant: "And when My slaves ask you (O Muhammad) concerning Me, then (answer them): I am indeed near. I respond to the invocations of the supplicant when he calls on Me" (Qur'an, 2:186).

Prayer is a powerful method for dealing with anxiety and adversity, especially when the request comes from the heart with sincere intentions. It removes anxiety and worries and brings comfort. Furthermore, praying changes distress and sadness to calmness and joy, because Allah has the ability to fulfill a person's expectations and requests.

Prophet Muhammad stated the following:

There is no-one who is afflicted by distress and grief and says, 'O Allah, I am Your slave, son of Your slave, son of Your maidservant; my forelock is in Your hand, Your command over me is forever executed, and Your decree over me is just. I ask You by every name belonging to You which You have named Yourself with, or revealed in Your Book, or taught to any of Your creation, or You have preserved in the knowledge of the Unseen with You, that You make the Qur'an the life of my heart and the light of my breast, and a departure for my sorrow and a release for my anxiety,' but Allah will take away his distress and grief, and replace it with joy.<sup>50</sup>

Prayer also protects Muslims from distress, and future problems. It is intended to be said by Muslims at intervals throughout the day. The various worship practices above are basically Islamic religious coping strategies with important meaning for patients in understanding their illness correctly. This shows positive attitudes and behaviors during treatment, with peace of mind, and increased the patient's natural immunity.

The treatment is expected to make the patient feel happy. With this happiness, patients will recover faster because they have positive emotions (Koenig, 2012). Furthermore, al Ghazali has explained in Kimiya al-Sa'adah that happiness is a chemical reaction that occurs in humans. Humans have a heart and soul that can determine the direction of their life goals. This direction is an indication of the happiness that humans seek. Imam azãli believes that the chemical reactions that radiate happiness in human beings are within the domain of God. In the sky, there are angels, while on earth there are the hearts and souls of the saints (beloved of God) who have attained the degree of ma'rifat. So true

<sup>&</sup>lt;sup>46</sup> Shadiya Mohamed S Baqutaya et al. (2018), "The Psychology of Giving Behavior in Islam," Sociology International Journal, Vol. 2, No.

<sup>2,</sup> p. 89. <sup>47</sup> Pradnya Surana & Tim Lomas (2015), "The Power of Charity: Does Giving Away Money Improve the Wellbeing of the Donor?" *Indian* Journal of Positive Psychology, Vol. 5, No. 3, pp. 223-230.

<sup>&</sup>lt;sup>48</sup> Manijeh Yazdanshenas Ghazwin et al. (2016), "The Association between Life Satisfaction and the Extent of Depression, Anxiety and Stress among Iranian Nurses: A Multicenter Survey," Iranian Journal of Psychiatry, Vol. 11, No. 2, pp. 120-127. <sup>49</sup> Baqutayan et al. (2018), "The Psychology of Giving Behavior in Islam," p. 90.

<sup>&</sup>lt;sup>50</sup> Muhammad Salih Al-Munajjid (1999), Islam's Treatment for Anxiety and Stress, Riyadh, Saudi Arabia: International Islamic Publishing House, pp. 28-29.

happiness is happiness that radiates from both directions. Happiness in this spiritual frame also confirms that the idea of psychology cannot be separated from its original source, namely God. In al Ghazãli's view, a healthy soul is a soul that knows God.

In religious coping. Badri uses a *tasawuffi* approach. Badri stated that this psychological treatment or therapy process can also be done by providing stimuli or stimuli that are contrary to the thoughts and emotional feelings that give rise to habits. Therefore, for patients who are always afraid to live with a certain society, the therapist must give a feeling of calm, comfort, and peace of mind to him by bringing him to the actual situation in the society he fears, or by imagining it in fantasy<sup>51</sup>.

In line with Badri's opinion, al Ghazãli's approach to moral values (1058-1111/H) relates to the construction of emotions, motivations, and attitudes of *habl min Allah* and *habl min annas* as internal elements that influence human behavior. al Ghazãli emphasizes the concept of disciplining the soul (*riyadat al-nafs*) and purification of the soul (*tazkiyyat al-nafs*) to form good morals and behavior. This approach is supported by Ibn Maskawaih that individuals must always seek a deeper truth, to improve their behavior. Human behavior is not limited to good or bad, but also values and reason, the ability to evaluate behavior<sup>52</sup>.

Therefore, there is a close relationship between the physical, psychosocial and religious conditions that require balanced attention in providing care. Physical therapy is used in curing physical complaints experienced by patients without ignoring religious psychosocial problems. According to Balboni et al. (2014),<sup>53</sup> it is important to determine a patient's holistic attributes because it drives the importance of the biopsychosocial-spiritual care model. This model emphasizes the importance of involving ulama in inpatient treatment therapy because religion plays an important role as a source of coping that can overcome psychosocial problems. This further reinforces the importance of implementing religious (Islamic) counseling as an alternative to spiritual therapy, which complements holistic therapy for Covid-19 patients.

# Conclusion

This study shows the importance of religion as a source of coping for Covid-19 patients to overcome psychosocial problems such as anxiety, stress, and depression. This means that the process of supporting various studies has proven that religious coping has a positive effect on a person's mental health during the Covid-19 pandemic. The results showed that religious coping is formed and learned with the help of family and friends. Islamic counseling is an the alternative is given as psycho religious therapy that complements physical/pharmaceutical therapy given to Covid-19 patients considering the complexity of the problems faced. Further the study needs to be carried out using a larger number of informants to determine the importance of religion to health. Besides, the study further strengthens the importance of paying attention to spiritual/religious therapy for Covid-19 patients.

### References

Aflakseir, A. & Mahdiyar M. (2016), "The Role of Religious Coping Strategies in Predicting Depression among a Sample of Women with Fertility Problems in Shiraz," *Journal of Reproduction & Fertility*, Vol. 17, No. 2, 117–122.

Al-Munajjid, M. S. (1999), *Islam's Treatment for Anxiety and Stress*, Riyadh, Saudi Arabia: International Islamic Publishing House.

Al-Mundhiri, Z. A. (2000), *The Translation of the Meanings of Sahih Muslim*, Saudi Arabia: Darussalam Publishers and Distributors.

<sup>&</sup>lt;sup>51</sup> Malik Badri (1996), *Tafakkur: Perspektif Psikologi Islam*, Bandung: Rosda Karya.

<sup>&</sup>lt;sup>52</sup> Mazlan Ibrahim et al. (2020), "An Islamic approach (religiosity) and Theory of Planned Behavior during the Covid 19 Pandemic," *International Journal of Psychosocial Rehabilitation*, Vol. 24, No. 1, pp. 5424-5435.

<sup>&</sup>lt;sup>53</sup> Michael J. Balboni, Christina M. Puchalski & John R. Peteet (2014), "The Relationship between Medicine, Spirituality and Religion: Three Models for Integration," *Journal Religion Health*, Vol. 53, p. 1590.

Balboni, M. J., Puchalski, C. M. & Peteet, J. R. (2014), "The Relationship between Medicine, Spirituality and Religion: Three Models for Integration," *Journal Religion Health*, Vol. 53, 1586-1598.

Baqutayan, S. M. S., Mohsin, M. I. A., Mahdzir, A. M. & Ariffin, A. S. (2018), "The Psychology of Giving Behavior in Islam," *Sociology International Journal*, Vol. 2, No. 2, 88-92.

Baqutayan, S. M. S. (2011), "The Importance of Religious Orientation in Managing Stress," *International Journal of Psychological Studies*, Vol. 3, No. 1, 75-82.

Basri, N. A., Chun, G., Ng, A. L. O. & Kumagai, S. (2015), "Islamic Religiosity, Depression and Anxiety among Muslim Cancer Patients," *Journal of Psychology & the Behavioral Science*, Vol. 1, No. 1, 1-12.

Békés V., van Doorn, K. A., Luo, X., Prout, T. A. & Hoffman, L. (2021), "Online Therapy During COVID-19: Concerns About Connectedness Predict Therapists' Negative View of Online Therapy and Its Perceived Efficacy Over Time," *Frontiers in Psychology*, 12.

Bell, C. A., Crabtree, S. A., Hall, E. L. & Sandage, S. J. (2020), Research in Counselling and Psychotherapy Post-COVID-19," *Counselling and Psychotherapy Research*, Vol. 21, No. 1, 3–7.

Bentzen, J. (2020), "In Crisis, We Pray: Religiosity and the Covid-19 Pandemic," *Department of Economics, University of Copenhagen,* https://www.economics.ku.dk/research/corona/Bentzen\_religiosity\_covid.pdf.

Chan, C. S. & Rhodes, J. E. (2013), "Religious Coping, Posttraumatic Stress, Psychological Distress, and Posttraumatic Growth Among Female Survivors Four Years After Hurricane Katrina," *Journal of Traumatic Stress*, Vol. 26, No. 2, 257-265.

Chandra, S. R., Annapoorni, V. & Mangual, R. N. (2017), "Psychoneuroimmunological Mechanisms in Pain Management and Healing: Illustrative Case Series," *Annals of Indian Psychiatry*, Vol. 1, No. 2. 120-123.

Charzyńska, E. & Celińska, I. H. (2020), "Spirituality and Mental Health Care in a Religiously Homogeneous Country: Definitions, Opinions, and Practices Among Polish Mental Health Professionals," *Journal of Religion and Health*, Vol. 59, No. 1, 113-134.

Chow, S. K. & Francis, B. (2021), "Religious Coping, Depression and Anxiety among Healthcare Workers during the Covid-19 Pandemic: A Malaysian Perspective," *Healthcare*, Vol. 79, No. 9.

Corcoran, R., O'Flaherty, J., Xie, C. & Cheung, A. (2019), "Conceptualizing and Measuring Social and Emotional Learning: A Systematic Review and Meta-Analysis of Moral Reasoning and Academic Ability, Religiosity, Political Orientation, Personality," *Educational Research Review*, Vol. 30.

Cornah, D. (2006), *The Impact of Spirituality on Mental Health A Review of the Literature*, London: Mental Health Foundation.

Cornish, M. A. & Wade, N. G. (2010), "Spirituality and Religion in Group Counseling: A Literature Review with Practice Guidelines," *Professional Psychology Research and Practice*, Vol. 41, No. 5, 398-404.

Dein, S., Loewenthal, K. & Lewis, C. A. (2020), "Covid-19, Mental Health and Religion: An Agenda for Future Research," *Mental Health, Religion & Culture*, Vol. 23, No. 1, 1-9.

Ghazwin, M. Y., Kavian, M., Ahmadloo, M., Jarchi, A., Javadi, S. G., Latifi, S., Tavakoli, S. A. H. & Ghajarzadeh, M. (2016), "The Association between Life Satisfaction and the Extent of Depression, Anxiety and Stress among Iranian Nurses: A Multicenter Survey," *Iranian Journal of Psychiatry*, Vol. 11, No. 2, 120-127.

Gunawan, N. & Foreman, T. (2021), "Ecological Counseling as an Integrative Cognitive Complexity Intervention Framework for Students with COVID-19 Pandemic-Caused Mental Health Challenges," Vol. 2, No. 2, 38-50.

Haider, N., Ostrow, P. R., Osman, A. Y., Arruda, L. R., Berry, L. M., Elton, L., Thomason, M. J., Manu, D. Y., Ansumana, R., Kapata, N., Mboera, L., Rushton, J., McHugh, T. D., Heymann, D. L., Zumla, A. & Kock, R. A. (2020), "COVID-19—Zoonosis or Emerging Infectious Disease?," *Frontiers Public Health*, Vol. 8.

Halldorsdottir, S. (2007), "A Psychoneoroimunological View of the Healing Potential of Professional Caring in the Face Human Suffering," *International Journal for Human Caring*, Vol. 11, No. 2, 32-39. Hamdan, A. (2008), "Cognitive Restructuring: An Islamic Perspective," *Journal of Muslim Mental Health*, Vol. 3, 99-116.

Haynes, A. (2007), Spirituality and Religion in Health Care Practice: A Person-Centred Resource for Staff at the Prince of Wales Hospital, Sydney: SESIAHS.

Hulett, J. M. & Armer, J. M. (2016), "A Systematic Review of Spiritually Based Interventions and Psychoneuroimmunological Outcomes in Breast Cancer Survivorship," Sage Journal, Vol. 15, No. 4, 405-423.

Ibrahim, M., Rahman, A. Z., Noor, M. A. Y., Kashim, M. I. A. M., Salleh, K., Kamarzaman, M. H., Hasan, A. Z., Ridzuan, A. R., Hamjah, S. H., Lateh, H. M., Yusof, M., Kadir, F. A. A. & Kadir, M. N. A. (2020), "An Islamic Approach (Religiosity) and Theory of Planned Behavior during the Covid 19 Pandemic," *International Journal of Psychosocial Rehabilitation*, Vol. 24, No. 1, 5424-5435.

Ironson, G., Kremer, H. & Lucette, A. (2016), "Relationship between Spiritual Coping and Survival in Patients with HIV," *Journal of General Internal Medicine*, Vol. 31, 1068-1076.

Jankowski, P. J. (2002), "Postmodern Spirituality: Implications for Promoting Change," *Counselling and Values*, Vol. 47, 9-79.

Karakaş, A. K. & Geçimli, G. (2017), "The Effect of Istighfar on State and Trait Anxiety," *International Journal of Psychology and Educational Studies*, Vol. 4, No. 3, 73-79.

Koenig, H. G. (2012), "Religion, Spirituality, and Health: The Research and Clinical Implications," *Internasional Scholarly Research Network*, Vol. 2012, 1-33.

Kremer, H., Ironson, G., Kaplan, L., Stuetzele, R., Baker, N. & Fletcher, M. A. (2015), "Spiritual Coping Predicts CD4-Cell Preservation and Undetectable Viral Load over Four Years," *Journal AIDS Care*, Vol. 27, No. 1, 71-79.

Lee, S. A. (2020), "Coronavirus Anxiety Scale: A Brief Mental Health Screener for Covid-19 Related Anxiety," *Death Studies*, Vol. 44, No. 7, 393-401.

Malik Badri (1996), Tafakkur: Perspektif Psikologi Islam, Banndung: Rosda Karya.

McCain, N. L., Gray, D. P., Walter, J. M. & Robins, J. L. (2005), "Implementing a Comprehensive Approach to the Study of Health Dynamics Using the Psychoneuroimmunology Paradigm," *Advanced in Nursing Science*, Vol. 28, No. 4, 320-332.

Meza, D. (2020), "Pandemic Are We More Religious? Traditional Practices of Catholics and the Covid-19 in Southwestern Colombia," *International Journal of Latin American Religions*, Vol. 4, No. 4, 218-234.

Mohammadi, M. R., Pourdehghan, P., Mostafavi, S. A., Hooshyari, Z., Ahmadi, N. & Khaleghi, A. (2020), "Generalized Anxiety Disorder: Prevalence, Predictors, and Comorbidity in Children and Adolescents," *Journal of Anxiety Disorders*, Vol. 73.

Padela, A. I. & Zaganjor, H. (2014), "Relationships between Islamic Religiosity and Attitude toward Deceased Organ Donation among American Muslims: A Pilot Study," *Transplantation*, Vol. 97, No. 12, 1292-1299.

Park, C. L., Jennifer, W. H. & Edmondson, D. (2011), "Religious Struggle as a Predictor of Subsequent Mental and Physical Well-Being in Advanced Heart Failure Patients," *Journal of Behavioral Medicine*, Vol. 34, No. 6, 426-436.

Perera, C. K., Pandey, R. & Srivastava, A. K. (2018), "Role of Religion and Spirituality in Stress Management Among Nurses," *Psychological Studies*, Vol. 63, No. 4, 187-199.

Pirutinsky, S., Cherniak, A. D. & Rosmarin, A. D. (2020), "COVID 19, Mental Health, and Religious Coping among American Orthodox Jews," *Journal of Religion and Health*, Vol. 59, No. 5, pp. 2288-2301.

Pressman, S. D. & Black, L. L. (2012), "Positive Emotions and Immunity," in S. C. Segerstrom (ed.), *The Oxford Handbook of Psychoneuroimmunology* Oxford: Oxford University Press, 92-104.

Rababa, M., Hayajneh, A. A. & Bani, W. (2020), "Association of Death Anxiety with Spiritual Well Being and Religious Coping in Older Adults during the COVID 19 Pandemic," *Journal of Religion and Health*, Vol. 59, No. 5, 2288-2301.

Rumun, A. J. (2014), "Influence of Religious Beliefs on Healthcare Practice," *International Journal of Education and Research*, Vol. 2, No. 4, 37-48.

Rusdi, A. (2012), "Husn Al-Zann: The Concept of Positive Thinking in Islamic Psychology Perspective and Its Benefit on Mental Health," *Proyeksi*, Vol. 7, 1-31.

Scott, S., Sheperis, D., Simmons, R. T., Wilson, T. R. & Milo, L. A. (2016), "Faith as a Cultural Variable: Implications for Counselor Training," *Counseling and Values*, Vol. 61, No. 2, 192-200.

Stewart, W. A., Wetselaar, M. J., Nelson, L. A. & Stewart, J. A. (2019), "Review of the Effect of Religion on Anxiety," *International Journal of Depression and Anxiety*, Vol. 2, No. 2, 1-5.

Surana, P. & Lomas, T. (2015), "The Power of Charity: Does Giving Away Money Improve the Wellbeing of the Donor?," *Indian Journal of Positive Psychology*, Vol. 5, No. 3, 223-230.

Taylor, E. J. (2020), "Initial Spiritual Screening and Assessment: Five Things to Remember," *The Korean Journal of Hospice and Palliative Care*, Vol. 23, No. 1, 1-4.

Thomas, J. & Barbato, M. (2020), "Positive Religious Coping and Mental Health among Christians and Muslims in Response to the Covid-19 Pandemic," *Religions*, Vol. 11, No. 10, 1-13.